



Michael R. Pence, Governor  
State of Indiana

***Division of Disability and Rehabilitative Services***  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
1-800-545-7763

*Via Electronic Mail*

**DATE**

**CONTACT**

**TITLE**

**NAME OF ORGANIZATION**

**STREET ADDRESS**

**CITY, STATE ZIP**

**EMAIL ADDRESS**

Re: **YEAR** Provider Re-approval Term

Dear **CONTACT**,

The Division of Disability and Rehabilitative Services (DDRS) recognizes **NAME OF ORGANIZATION**'s efforts in improving its Quality Assurance/Quality Improvement systems as explained in its assessment of data identified in its Provider Review Profile (PRP) for the time period of **DATE RANGE**.

As described in DDRS' policy and process on provider re-approvals, providers must demonstrate an identification of system deficiencies where they exist in risk categories for which the provider rated above or below the expected range. It is expected that providers analyze their data and identify processes and improvements necessary to ensure its staff, policies/procedures, and overall quality systems render safe and effective services in accordance with Individualized Support Plans, Behavioral Support Plans, other service plans, and ensure the health, safety, and welfare of their consumers. Through this process, and the submission of a Re-Approval Assessment and subsequent Addendum (when appropriate), a provider is recommended for a re-approval term of six (6), twelve (12), or thirty-six (36) months.

The decision to grant **NAME OF ORGANIZATION** a **[6 or 12]-month** term was based on the provider's overall efforts to address its PRP's identified risk areas through its Re-Approval Assessment (**DATE**) and Addendum (**DATE**). A **[6 or 12]-month** re-approval term indicates the need for your organization to enhance the processes currently in place to ensure the health, welfare and safety of its consumers.

To support the designation of this **[6 or 12]-month** re-approval term, BQIS has identified the following items:

**DATA ANALYSIS:**

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**SECTION I: PRP Complaints and Incidents Data**



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**SECTION II: PRP Incident Processing and ANE Data**

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**SECTION III: PRP Behavioral Data**

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**SECTION IV: PRP Medication and Medical Data**

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**SECTION V: Service Delivery & Consumer Supports**

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**SECTION VI: Improvement Plan**

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Approval to continue providing waiver services is contingent upon DDRS receiving your agency's:

- Signed Provider Agreement (attached to this letter) within 30 calendar days of receipt of this letter.

On or before **30 DAYS BEYOND THIS LETTER DATE**, please submit a signed Provider Agreement to [BQISReporting@fssa.in.gov](mailto:BQISReporting@fssa.in.gov). Failure to submit the signed Provider Agreement by this date may result in the re-approval term being reduced. If DDRS has not received a signed Provider Agreement within 60 calendar days of the date of this letter, DDRS reserves the right to begin the termination process with your agency.

If you have questions regarding your organization's re-approval determination please contact Shelly Thomas at [BQISReporting@FSSA.IN.gov](mailto:BQISReporting@FSSA.IN.gov).

If your organization will suffer an adverse affect [sic] due to the re-approval determination, an Administrative Review, as held by an Administrative Law Judge (per 460 IAC 6-6-5(g)), may be requested. Per 460 IAC 6-7-6(a), a provider may file a written petition for review. The submitted petition must include a copy of the re-approval letter and an explanation of fact demonstrating the provider is aggrieved or adversely affected by the action.

To exercise this option, a written petition must be submitted to Kylee Hope, Director of DDRS (Kylee Hope, Director, Division of Disability and Rehabilitative Services; 402 W. Washington Street; Indianapolis, IN 46207). If a hearing request is not filed within fifteen (15) days of the date of this letter, the re-approval term is final.

Sincerely,

Anne Davis  
Director  
Provider Services

cc: Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services